

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION**  
(37 CFR 1.63)

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	011131
First Named Inventor	Kloepfner et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	August 28, 2001
Group Art Unit	N/A
Examiner Name	N/A

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ELECTROCHROMIC MEDIUM HAVING A SELF-HEALING CROSS-LINKED POLYMER GEL AND ASSOCIATED ELECTROCHROMIC DEVICE**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number \_\_\_\_\_  
 or Bar Code Label  OR  Correspondence address below

22876

PATENT TRADEMARK OFFICE

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) Leroy J.Family Name  
or Surname KloepfnerInventor's  
Signature*Leroy J. Kloepfner*

Date 8/24/01

Residence: City Jenison

State MI

Country US

Citizenship US

Mailing Address 8215 Amelia Drive

City Jenison

State MI

ZIP 49428

Country US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) Thomas F.Family Name  
or Surname GuarrInventor's  
Signature*Thomas F. Guarr*

Date 8/24/01

Residence: City Holland

State MI

Country US

Citizenship US

Mailing Address 14190 Deer Cove

City Holland

State MI

ZIP 49424

Country US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

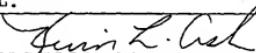
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

### ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kevin L.		Ash	
Inventor's Signature			Date <u>8-24-01</u>
Residence: City	Grand Rapids	State	MI
Country	US	Citizenship	US
Mailing Address 2540 South Winesap Court N.E.			
Mailing Address			
City Grand Rapids		State MI	ZIP 49525
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kathy E.		Roberts	
Inventor's Signature			Date <u>8-24-01</u>
Residence: City	East Grand Rapids	State	MI
Country	US	Citizenship	US
Mailing Address 1061 Plymouth Avenue S.E.			
Mailing Address			
City East Grand Rapids		State MI	ZIP 49506
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloepfner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0111131

I hereby appoint:

Practitioners at Customer Number

22876



OR

Practitioner(s) named below:

Name	Registration Number

22876

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name                   Leroy J. Kloepfner

Signature           

Date                   8/24/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloepfner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0111131

I hereby appoint:

- Practitioners at Customer Number  → Place Customer Number Bar Code Label here  
**OR**  
 Practitioner(s) named below:

Name	Registration Number
Brian J. Rees	36,648

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

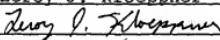
- The above-mentioned Customer Number.  
**OR**  
 Practitioners at Customer Number  → Place Customer Number Bar Code Label here  
**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Leroy J. Kloepfner
Signature	
Date	8/24/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloepfner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	011131

I hereby appoint:

- Practitioners at Customer Number  →   
*OR*  
 Practitioner(s) named below:

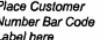
Name	Registration Number

Place Customer  
Number Bar Code  
Label here

22876

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- The above-mentioned Customer Number.  
*OR*  
 Practitioners at Customer Number  →   
*OR*

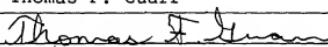
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone		Fax	

Place Customer  
Number Bar Code  
Label here

I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Thomas F. Guarr
Signature	
Date	03/24/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloepfner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	011131

I hereby appoint:

Practitioners at Customer Number



Place Customer  
Number Bar Code  
Label here

Practitioner(s) named below:

Name	Registration Number
Brian J. Rees	36,648

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number



Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Address

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Thomas F. Guarra

Signature

Date 8/24/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloepfner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0111131

I hereby appoint:

Practitioners at Customer Number



OR

Practitioner(s) named below:

Name	Registration Number

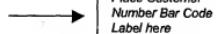
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number



OR

Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Kevin L. Ash

Signature

8-24-01

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloeppner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	0111131

I hereby appoint:

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Brian J. Rees	36,648

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Kevin L. Ash

Signature

Date

8-24-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloeppner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	011131

I hereby appoint:

Practitioners at Customer Number

→   
Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number

PATENT & TRADEMARK OFFICE

22876

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

→   
Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

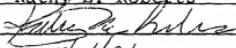
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Kathy E. Roberts

Signature



8/24/01

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

□ Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloeppner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	011131

I hereby appoint:

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

Practitioner(s) named below:

Name	Registration Number
Brian J. Rees	36,648

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Kathy E. Roberts

Signature Kathy E. Roberts

Date 1/8/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\* Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.